

**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

**RECEIVED**

JUL 15 2019

DUVAL COUNTY ELEC.

By JS

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

**1. CHECK APPROPRIATE BOX(ES):**

Initial Filing of Form      Re-filing to Change:  Treasurer/Deputy     Depository     Office     Party

**2. Name of Candidate (in this order: First, Middle, Last)**

Robert Michael Abene

**3. Address (include post office box or street, city, state, zip code)**

1520 River Oaks Rd.  
Jacksonville, FL 32207

**4. Telephone**

(229) 292-9060

**5. E-mail address**

robabene@aol.com

**6. Office sought (include district, circuit, group number)**

Duval County School Board (District 3)

**7. If a candidate for a nonpartisan office, check if applicable:**

My intent is to run as a Write-In candidate.

**8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a**

Write-In     No Party Affiliation     \_\_\_\_\_ Party candidate.

**9. I have appointed the following person to act as my**  Campaign Treasurer     Deputy Treasurer

**10. Name of Treasurer or Deputy Treasurer**

Patricia Abene

**11. Mailing Address**

1520 River Oaks Rd.

**12. Telephone**

(229) 292-9058

**13. City**

Jacksonville

**14. County**

Duval

**15. State**

FL

**16. Zip Code**

32207

**17. E-mail address**

robabene@aol.com

**18. I have designated the following bank as my**  Primary Depository     Secondary Depository

**19. Name of Bank**

Chase Bank

**20. Address**

1515 Atlantic Blvd

**21. City**

Jacksonville

**22. County**

Duval

**23. State**

FL

**24. Zip Code**

32207

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

**25. Date**

7/15/2019

**26. Signature of Candidate**

X Robert M. Abene

**27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)**

I, Patricia Abene, do hereby accept the appointment  
(Please Print or Type Name)

Designated above as:  Campaign Treasurer     Deputy Treasurer.

7/15/2019  
Date

X Patricia Abene  
Signature of Campaign Treasurer or Deputy Treasurer